Application or Docket Number

|  |   | L1  |                                   |                                | 10/                 | 0                             | 2626 |                     |                         |         |                  |                        |
|--|---|---|-----------------------------------|--------------------------------|---------------------|-------------------------------|------|---------------------|-------------------------|---------|------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                                   |                                |                     |                               |      | SMALL ENT           | TITY                    | OR      | OTHER<br>SMALL I |                        |
| U.S  | S. NATIONAL   | STAGE FEES  | (00,011)                          | 1                              | · · · · · ·         | Oolallii 27                   | 7    | RATE                | FEE                     | 1       | RATE             | FEE                    |
| BAS  | SIC FEE   |   | SMALL ENT. = \$ 150               |                                | LARG                | SE ENT. = \$ 300              | 1    | BASIC FEE           |                         | OR      | BASIC FEE        | ama                    |
| EX   | MINATION FE   | <br>EE  | 1                                 | Salisfies PCT Article 33(1) Al |                     | her situations = 100 / \$ 200 | 1    | EXAM. FEE           |                         |         | EXAM. FEE        | 200                    |
| SEARCH FEE   |   |   | U.S. is ISA = \$<br>ALL other cou | ic ISA = \$ 50 / \$ 100        |                     | her situations = 250 / \$ 500 |      | SEARCH FEE          |                         |         | SEARCH FEE       | 400                    |
| FEE  | FOR EXTRA   | SPEC. PGS.  | minu                              | minus 100 =                    |                     | / 50 =                        |      | X \$ 125 =          |                         |         | X \$ 250 =       |                        |
| тот  | AL CHARGEA  | BLE CLAIMS  | 46 minus 20 = .                   |                                | . 26                |                               |      | X \$ 25 =           |                         | OR      | X \$ 50 =        | 1300                   |
| IND  | EPENDENT CL   | AIMS  | 10 m                              | inus 3 =                       | •                   | 7                             |      | X \$ 100 =          |                         | OR      | X \$ 200 =       | 1400                   |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                                   |                                |                     |                               |      | + \$ 180 =          |                         | OR      | + \$ 360 =       | B 100                  |
| * If the difference in column 1 is less than zero; enter "0" in column 2 |   |   |                                   |                                |                     |                               |      | TOTAL               | -                       | OR      | TOTAL            | J 700                  |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |   |                                   |                                |                     |                               |      | SMALL E             | <u> </u>                | OR<br>I | OTHER<br>SMALL E |                        |
| AMENDMENT A  |   | REMAINING<br>AFTER<br>AMENDMENT                                     |                                   | NUMI<br>PREVIO<br>PAID         | BER<br>OUSLY        | PRESENT<br>EXTRA              |      | RATE                | ADDI-<br>_TIONAL<br>FEE |         | RATE             | TIONAL<br>FEE          |
|  | Total   | •   | Minus                             | ••                             |                     | =                             |      | X \$ 25 =           |                         | OR      | X \$ 50 =        |                        |
|  | Independent   | •   | Minus                             | •••                            |                     | =                             |      | X \$ 100 =          |                         | OR      | X \$ 200 =       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |   |                                   |                                |                     |                               |      | +\$ 180 =           |                         | OR      | + \$ 360 =       |                        |
|  |   |   |                                   |                                |                     |                               |      | TOTAL ADDIT.<br>FEE | <u> </u>                | OR      | TOTAL ADDIT.     |                        |
| (Column 1) (Column 2) (Column 3)   |   |   |                                   |                                |                     |                               |      |                     |                         |         |                  |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                           |                                   | HIGHI<br>NUME<br>PREVIO        | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA              |      | RATE                | ADDI-<br>TIONAL<br>FEE  |         | RATE             | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                             | **                             |                     | =                             |      | X \$ 25 =           |                         | OR      | X \$ 50 =        |                        |
|  | Independent   | •   | Minus                             | ***                            |                     | =                             |      | X \$ 100 =          |                         | OR      | X \$ 200 =       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |   |                                   |                                |                     |                               |      | + \$ 180 =          |                         | OR      | + \$ 360 =       |                        |
| ابـــــا   |   |   |                                   |                                |                     |                               |      |                     |                         | OR      | TOTAL ADDIT. FEE |                        |
|  |   |   |                                   | •                              |                     |                               |      | •                   |                         |         |                  |                        |
|  |   |   |                                   |                                |                     |                               |      |                     |                         |         |                  |                        |
| **   | If the "Highest Nu  | mn 1 is less than the<br>mber Previously Pal<br>mber Previously Pal | d For IN THIS SP                  | ACE is less                    | than 20             | )', enler "20".               |      |                     | ٠                       |         |                  |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.